

SERIAL NUMBER 09/409,242	FILING DATE 09/30/99	CLASS 705	GROUP ART 2761	ATTORNEY DOCKET NO. RVZ-001.01
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APPLICANT

RAHUL R. VAID, NEW YORK, NY.

R. R. Vaid
9-18-02

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/150,994 08/27/99

None-RWM

371 (NAT'L STAGE) DATA***

VERIFIED

None-RWM

FOREIGN APPLICATIONS***

VERIFIED

None-RWM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/20/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 24	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Initials	<i>RWM</i>	Initials			

ADDRESS

PATENT GROUP
 FOLEY HOAG & ELIOT LLP
 ONE POST OFFICE SQUARE
 BOSTON MA 02109-2170

TITLE

PRE-PAID AIRLINE TICKETS

FILING FEE RECEIVED \$719	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5090

SERIAL NUMBER 09/409,242	FILING DATE 09/30/1999 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 61582-00001USPT
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APPLICANTS

RAHUL R. VAID, NEW YORK, NY;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/150,994 08/27/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/20/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 24	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

Gary B. Solomon
 Jenkins & Gilchrist P. C.
 Suite 3200
 1445 Ross Avenue
 Dallas , TX 75202-2799

TITLE

PRE-PAID AIRLINE TICKETS

FILING FEE RECEIVED 719	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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